

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

TREATED CLOSURES 2

the Specification of which

☐ is attached hereto

☒ was filed on 20 April 2000

as International Application No. PCT/AU00/00366

I hereby state that I have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

<u>APPLICATION</u> <u>NUMBER</u>	<u>PRIOR FOREIGN FILED APPLICATION(S)</u> <u>COUNTRY</u> <u>(MONTH/DAY/YYYY)</u>	<u>PRIORITY</u> <u>CLAIMED</u>
PP 9893	Australia April 22, 1999	YES

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER(S)

FILING DATE (MM/DD/YYYY)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent <u>Application No.</u>	PCT Parent <u>Number</u>	Parent Filing <u>(MM/DD/YYYY)</u>	Parent Patent <u>Number (if applicable)</u>
---------------------------------------	-----------------------------	--------------------------------------	--

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from **MADDERN** as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

I hereby appoint as my attorneys or agents the registered persons identified under

Customer No. 23565

for the law firm of Klauber & Jackson, said attorneys or agents with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to **Customer No. 23565**.

DAVID A. JACKSON, ESQ.
KLAUBER & JACKSON
411 HACKENSACK AVENUE
HACKENSACK, NEW JERSEY 07601

Direct all telephone calls to David A. Jackson at (201) 487-5800.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST OR SOLE INVENTOR: Phillip MACKIE

COUNTRY OF CITIZENSHIP: Australia

FULL RESIDENCE ADDRESS: Stockwell Road
Angaston, S.A. 5353
Australia

FULL POST OFFICE ADDRESS: SAME AS ABOVE

SIGNATURE OF INVENTOR _____

DATE _____

FULL NAME OF SECOND JOINT INVENTOR: Darren LANGE

COUNTRY OF CITIZENSHIP: Australia

FULL RESIDENCE ADDRESS: Stockwell Road
Angaston, S.A. 5353
Australia

FULL POST OFFICE ADDRESS: SAME AS ABOVE

SIGNATURE OF INVENTOR _____

DATE _____

FULL NAME OF THIRD JOINT INVENTOR: Russell JOHNSON

COUNTRY OF CITIZENSHIP: Australia

FULL RESIDENCE ADDRESS: Stockwell Road
Angaston, S.A. 5353
Australia

FULL POST OFFICE ADDRESS: SAME AS ABOVE

SIGNATURE OF INVENTOR _____

DATE _____

FULL NAME OF FOURTH JOINT INVENTOR: Leanne BRITCHER

COUNTRY OF CITIZENSHIP: Australia

FULL RESIDENCE ADDRESS: University of South Australia
The Levels Campus
Mawson Lakes Boulevard
Mawson Lakes, S.A. 5095
Australia

FULL POST OFFICE ADDRESS: SAME AS ABOVE

SIGNATURE OF INVENTOR _____

DATE _____

FULL NAME OF FIFTH JOINT INVENTOR: Janis MATISONS

COUNTRY OF CITIZENSHIP: Australia

FULL RESIDENCE ADDRESS: University of South Australia
The Levels Campus
Mawson Lakes Boulevard
Mawson Lakes, S.A. 5095
Australia

FULL POST OFFICE ADDRESS: SAME AS ABOVE

SIGNATURE OF INVENTOR _____

DATE _____

FULL NAME OF SIXTH JOINT INVENTOR: Terry WILKS

COUNTRY OF CITIZENSHIP: Australia

FULL RESIDENCE ADDRESS: University of South Australia
The Levels Campus
Mawson Lakes Boulevard
Mawson Lakes, S.A. 5095
Australia

FULL POST OFFICE ADDRESS: SAME AS ABOVE

SIGNATURE OF INVENTOR _____

DATE _____

FULL NAME OF SEVENTH JOINT INVENTOR: Rosalind MA

COUNTRY OF CITIZENSHIP: Australia

FULL RESIDENCE ADDRESS: University of South Australia
The Levels Campus
Mawson Lakes Boulevard
Mawson Lakes, S.A. 5095
Australia

FULL POST OFFICE ADDRESS: SAME AS ABOVE

SIGNATURE OF INVENTOR _____

DATE _____

FULL NAME OF EIGHTH JOINT INVENTOR: Mark FRANSON

COUNTRY OF CITIZENSHIP: Australia

FULL RESIDENCE ADDRESS: University of South Australia
The Levels Campus
Mawson Lakes Boulevard
Mawson Lakes, S.A. 5095
Australia

FULL POST OFFICE ADDRESS: SAME AS ABOVE

SIGNATURE OF INVENTOR _____

DATE _____